

Lincoln Police Department James Peschong, Chief of Police 575 South 10th Street Lincoln, Nebraska 68508

402-441-7204 fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

January 4, 2013

Mayor Beutler and City Council City of Lincoln City County Building Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Bunners, 2785 South 17<sup>th</sup> Street requesting a class I liquor license.

This location was previously known as El Sito Pub which held a class I liquor license

Theresa Morey, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Theresa Morey was born in Lincoln, Nebraska. She attended Lincoln Southeast High School graduating in 1995.

Mrs. Morey has been employed as a manager in several food related businesses and as an office manager for Matt's sewer and drain, which is owned by Matthew and Theresa Morey.

A review of criminal histories of the applicants shows no disqualifying arrests.

The applicant has been informed about the required training.

Stockholder information has been included for your review.

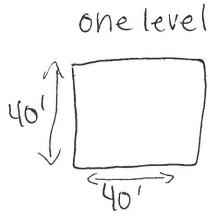
If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

JIM PESCHONG, Chief of Police



PREMISE INFORMATION	verlord	
	iveway, LLC	DBA Bunners)
Street Address #1 2785 So 17th		Alberta
Street Address #2		
city Lincoln	County Lancaste	Zip Code 68502
Premise Telephone number		
Is this location inside the city/village corporate lin	mits: YES	) 🗆 NO
Mailing address (where you want to receive mail		
Name The Drive	ord, LLC	2.47
Street Address #1_2785 SD 17th	st.	NO. 1 o Tou
Street Address #2		NATA DO LA GOLDA
city Lincoln	State NE	Zip Code 68502
DESCRIPTION AND DIAGRAM OF THI	E STRUCTURE TO BE LIC	CENSED
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	P
PREMISE INFORMATION	
Trade Name (doing business as)	BECEWED
Street Address #1	
Street Address #2	DEC 1 2 2012
CityCounty	NEBHASKALIQUOR CONTROLEOMMISSION
Premise Telephone number	CONTROLCOMMISSION
Is this location inside the city/village corporate limits:	YES NO
Mailing address (where you want to receive mail from the Commission)	
Name	
Street Address #1	
Street Address #2	
CityState	Zip Code
DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO READ CAREFULLY  In the space provided or on an attachment draw the area to be licensed.  Irea, sales areas and areas where consumption or sales of alcohol will to evered by the license, you must still include dimensions (length x width entire building. No blue prints please. Be sure to indicate the direction in **For on-premise consumption liquor licenses minimum standards must be in	This should include storage areas, basement, outdoor take place. If only a portion of the building is to be of the licensed area as well as the dimensions of the orth and number of floors of the building.
ength 40 feet Vidth 40 feet PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH S	SEPARATE SHEET
one level	



# APPLICANT INFORMATION

resolutist au	nyone was any charge ution. Linguistics charge YES	who is a party to the arge alleging a feat the nature of the state of	his appletony, make the charge time of NO	lication, or to hisdemeanor ge, where the this application	heir spouse, EVER r, violation of a fede e charge occurred a tion. If more than	AND ACCURATELY been convicted of or pleaseral or state law; a violation of the year and month of one party, please list characteristics.	nd guilty to any cha on of a local law, of the conviction or	prelinance or plea. Also
		f Applicant	C	Date of onviction nm/yyyy)	Where Convicted ( city & state)	Description of Charge	Disposi	tion
Mo	Hheu	Morey		see a	tached s	hoots.		
						Julian Carlo		<b>1</b>
			1			M. San Carlot		
2. Are	If yes, a) Sub b) Incl	YES give name of bumit a copy of the ude a list of the first a list of the list a list a list of the list a list a list of the list a list a list of the list a l	asiness a sales a hol bein	NO and liquor li greement ng purchase	cense number	container size and how	w many	
3. Wa	as this pr	emise licensed as	s liquor	licensed bu	siness within the la	st two (2) years?		
		YES		NO				
	If yes,	give name and li	cense n	umber				
4. Are	you fili	ng a temporary o	perating	g permit to	operate during the a	pplication process?	: : [	
		YES	9	NO				
		nch temporary op P. will only be a				lds a valid liquor license.		
5. Are	you bor	rowing any mone	y from	any source	, include family or	friends, to establish and/o	or operate the busin	ess?
,		YES		NO				
	If yes,	list the lender(s)_						



# PATROL CRIMINAL HISTORY

NEBRASKA STATE PATROL CRIMINAL IDENTIFICATION

P.O. BOX 94907 LINCOLN, NEBRASKA 68409

STATUTE 29-3522 PROHIBITS RELEASE OF ARREST INFORMATION IN EXCESS OF ONE YEAR IN DURATION UNLESS DISPOSITION INFORMATION PERTAINING TO THAT ARREST IS PROVIDED. THESE (THIS) ARE (IS) THE ONLY RECORD (S) IN OUR FILES MEETING STATUTORY REQUIREMENTS FOR RELEASE. FURTHER INFORMATION ON ARREST RECORD SHOULD BE OBTAINED FROM COURT SYSTEM (S). NOTE: MINOR TRAFFIC INFRACTIONS NOT INCLUDED.

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED FROM NEBRASKA STATE PATROL - CID WHEN NEEDED FOR SUBSEQUENT USE. WHEN EXPLANATION OF AN ARREST OR DISPOSITION IS NEEDED COMMUNICATE DIRECTLY WITH THE AGENCY THAT CONTRIBUTED THE FINGERPRINTS.

"INFRCTN" - MEANS "INFRACTION" WHICH IS A VIOLATION OF ANY LAW, ORDINANCE, ORDER, RULE OR REGULATION THAT IS NOT A MISDEMEANOR, FELONY, OR TRAFFIC OFFENSE.

NAME

FBI NO

FELON

STATE ID

MOREY, MATTHEW ANDREW

DATE OF BIRTH

RACE

WHITE

HEIGHT DATE DECEASED

8EX MALE WEIGHT

nAIR

DATE REQUESTED

11/21/2012

195

BROWN BROWN

PLACE OF BIRTH

NEBRASKA

PLACE OF CITIZENSHIP UNITED STATES OF AMERICA

EYES

(USA)

**IDENTIFICATION COMMENTS** 

NCIC FINGERPRINT

**ADDITIONAL IDENTIFIERS** 

**ALIAS** 

STATE ID

FBI NO

SEX M

RACE

DATE OF BIRTH

No Priote Available

MOREY, MATTHEW ANDREW

ARREST HISTORY

ARREST:

DATE:

7/4/1990

DCN:

**CLASSIFICATION** 

W

AGENCY

CASE NUMBER

NAME USED

LINCOLN PD (NB0550100)

MOREY, MATTHEW ANDREW

**CHARGE DESCRIPTION** 

3598 POSS OF CONTROLLED SUBSTANCE(1)

CITATION:

COURT: COUNTY COURT LANCASTER(NB055013J)

COURT DISPOSITION DATE: 08/01/1990

DOCKET.

**CLASSIFICATION: FELONY** 

FELONY

DISPOSITION: COURT DISMISSAL

CHARGE: 3598-POSS OF CONTROLLED SUBSTANCE(1)

SENTENCE:

OTHER COURT PROVISION

DISM BY CO ATTY AT DEFENDANTS COSTS/COMPLETED DIVERSION 8/1/1991

**PARDON INFO** 

JUDGMENT



# LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "\*\*\*END OF LISTING\*\*\*" does not appear at the bottom of this report, then this list is not complete.

FOR: MATTHEW ANDREW MOREY, Male, DOB:

Date of listing: 10-09-2012

CODES FOR CRIMIN	AL HISTORY (I)=Infraction(M)=Misdemeanor(F)=	Felony(O)=Ot	her
Cited on 11-25-1992	for (M)3RD DEG ASSAULT	Case	
Disposed 01-27-1993	as (M)ASSAULT, STRIKE OR CAUSE BODILY INJURY	Cit#	Chg#
FOUND GUILTY Fir	ned \$100.00		
Cited on 06-10-1992	for (M)STEAL MONEY OR GOODS LESS THAN \$300	Case	
Disposed 10-05-1992	as (M)STEAL MONEY OR GOODS LESS THAN \$300	Cit	Chg#
FOUND GUILTY Fir	ned \$50.00		
<b>Arrested</b> 08-26-1989	for (M)COMPLY WITH LAWFUL ORDER AT SCENE OF ARRE	Cası	
Disposed 08-28-1989	as (M)COMPLY WITH LAWFUL ORDER AT SCENE OF ARRE	Citi	Chg#
FOUND GUILTY Fir	ned \$125.00		
<b>Arrested</b> 08-26-1989	for (M)DISTURB THE PEACE AND QUIET OF OTHERS	Case	
Disposed 08-28-1989	as (M)DISTURB THE PEACE AND QUIET OF OTHERS	Cit#	Chg#
FOUND GUILTY Fin	ned \$125.00		
Cited on 05-26-1989	for (M)INJURE PROPERTY BELONGING TO	Case	

	ANOTHER		
Disposed 06-23-1989	as (M)INJURE PROPERTY BELONGING TO ANOTHER	Cit#	Chg#
FOUND GUILTY Fir	ned \$25.00		
Cited on 05-26-1989	for (M)TRESPASS UPON PROPERTY OF ANOTHER	Case	
Disposed 06-23-1989	as (M)TRESPASS UPON PROPERTY OF ANOTHER	Cit#	Chg#
FOUND GUILTY Fir	red \$25.00		

\*\*\* END OF LISTING \*\*\*

Official Nebraska Government Website



#### Purchase Successful!

Thank you for your purchase, your transaction is now complete. A copy of this confirmation will be sent to you by email.

Order ID #: NE

Order Total: \$3.00

Order Date/Time: Tue Oct 09 2012 15:48:13

Print Page

New Search

#### **Driver Information**

Requested: Tue Oct 09 2012 15:48:13

Name:

MOREY, THERESA, K Lancaster (02)

County:

Issued in County: Lancaster (02)

Date of Birth:

Sex: Race: Female

Height:

5'06"

Weight:

130

Eye Color:

Blue Blonde

Hair Color: Issue Date:

09/16/2010

Expires:

#### **Driver Record**

Convictions Accidents Withdrawals Permits

License Status:

VALID

Class:

Restrictions:

Corrective Lenses

#### Convictions

No convictions listed.

### Accidents

Any entry for an accident which may appear below is for statistical purposes only and does not indicate a determination of fault.

No Accidents Listed.

## Withdrawals

· 12/12/2002 -- Failure to Comply

Elig: INDEFINITE

Reinstated: 08/25/2003

Juris: NE

• 09/18/2002 -- Failure to Comply

Elig: INDEFINITE

Reinstated: 08/25/2003

Juris: NE

## **Permits**

· Class O/M Learner's Permit

Class: M

Issued: 05/23/2012 Expires: 05/23/2013

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This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
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- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "\*\*\*END OF LISTING\*\*\*" does not appear at the bottom of this report, then this list is not complete.

FOR: THERESA K MOREY, Female, DOB:

Date of listing: 10-09-2012

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

THE LINCOLN POLICE DEPARTMENT SHOWS NO ARRESTS WITH A FINAL DISPOSITION FOR THIS PERSON.

\*\*\* END OF LISTING \*\*\*

Official Nebraska Government Website



### Purchase Successful!

Thank you for your purchase, your transaction is now complete. A copy of this confirmation will be sent to you by email.

Order ID #: N

Order Total: \$3.00

Order Date/Time: Tue Oct 09 2012 15:42:43

Print Page

New Search

#### **Driver Information**

haie

6'07"

260

Brown

Requested: Tue Oct 09 2012 15:42:43

Name:

MOREY, MATTHEW, A

County:

Lancaster (02) Lancaster (02)

Issued in County:

Date of Birth: Sex:

Height:

Weight:

Eye Color:

Hair Color:

Issue Date:

Brown 09/23/2009

Expires:

**Driver Record** 

Convictions Accidents Withdrawals Permits

License Status: Class:

VALID

0

Convictions

• Speeding 11-15 MPH County/State

Citation Date:

Judge Date:

06/24/2010

County Court West Point

(24) NE

Points: 2

Disobey Traffic Control Device

Citation Date:

12/04/2008

Judge Date:

01/06/2009

County Court Lincoln (02)

NE

Points: 1

**Accidents** 

Any entry for an accident which may appear below is for statistical purposes only and does not indicate a determination of fault,

No Accidents Listed.

Withdrawals

• 03/02/2004 -- Fallure to Comply

Elig: INDEFINITE

Reinstated: 05/26/2004

Juris: NE

**Permits** 

· Class O/M Learner's Permit

Class: M

Issued: 05/01/2012 Expires: 05/01/2013

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# MANAGER APPLICATION INSERT - FORM 3c

NEBRASKA LIQUOR CONTROL COMMISSION 301 CENTENNIAL MALL SOUTH

PO BOX 95046

LINCOLN, NE 68509-5046 PHONE: (402) 471-2571 FAX: (402) 471-2814 Website: www.lcc.ne.gov NOV 1 G 2012

CONTROLOGIANISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Corporation/LLC information	
Name of Corporation/LLC: The Driveway, LLC.	
Premise information  Premise License Number:	
Premise Trade Name/DBA: The Developed (if new application leave blank)  Premise Street Address: 2785 So 17 <sup>th</sup>	0
City: Lincoln State: NE Zip Code: 68502	
The individual whose name is listed as a corporate officer or managing member as reported of form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals. <a href="http://www.lcc.ne.gov/license-search/licsearch.cgi">http://www.lcc.ne.gov/license-search/licsearch.cgi</a>	n insert
CORPORATE OFFICER/MANAGING MEMBER SIGNATURE  (Faxed signatures are acceptable)	

Form 103 Rev 11/2012 Page 2 of 5

Manager's information mu	st be completed belov	v PLEASE PRINT CLEARI	LY	
Gender: OMALE	<b>⊘</b> FEMALE		Print	>
Last Name: Morey		First Name: Theresa	М	:_K
.)	Box if applicable): \[	ello w. Garfield S	₹.	
City: Luncoln	Con	unty: <u>lancaster</u> zi	p Code: 1085	22_
Home Phone Number: 462	-476-6303	Business Phone Number:		
Social Security Number:		Drivers License Number &	& State:	NE
Date Of Birth:	P	lace Of Birth: Lincoln, M	UE .	
Are you married? If yes, com			ALL SANCTHUR STEEL STEELS STEELS	ied)
Ø YES	Оио		6 2012	
Spouse's information	ONO		1911111111	nts
		Was been a second	COMMISSION	nts A
Spouses Last Name: Mo(	24	First Name: Mall	COMMISSION  COMMISSION  MI  ate	A DE
Spouses Last Name: Mo(	24	CONTROL (	COMMISSION  COMMISSION  MI  ate	A A , DE
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Spouses Last Name: Mo(4) Social Security Number: Date Of Birth:  APPLICANT & SPOUSE M	OUST LIST RESIDE	First Name: Math  Place Of Birth: WALL  NCE(S) FOR THE PAST TO SPOUSE  AR CITY & STATE	COMMISSION  COMMISSION  M  ate  N, NE  EN (10) YEARS	YEAR TO
Spouses Last Name: Mo(4) Social Security Number: Date Of Birth:  APPLICANT & SPOUSE M  APPLICANT  CITY & STATE	OUST LIST RESIDE	First Name: Math  Drivers License Number & St  Place Of Birth: Linical  NCE(S) FOR THE PAST TO  SPOUSE  AR CITY & STATE  United to Garfuld	COMMISSION  COMMISSION  Mate	YEAR
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Form 103 Rev 11/2012 Page 3 of 5 WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR

DATE OF ISSUANCE MAR 1 4 1996 LINCOLN, NEBRASKA

ASSISTANT STÅTE REGISTRAR NEBRASKA DEPARTMENT OF HEALTH

i Male  4. Single  6. Single  CITY, TOWN, OR LOCATION OF BRITH  INSIDE CITY LIMITS INSIDE					DWD OF HEATTH	70	
CHILD- NAME  THEST  ANDRE  Matthew  Andrew  Morey  I. Matthew  Andrew  I. Matthew  Andrew  I. Matthew  I. Matthew  Andrew  I. Matthew  Andrew  I. Matthew  I. Matthew  Andrew  I. Matthew	2	STAT	E OF NEBRASI	KA-DEPARTME	NI OF HEALIN	10	٦
CHILD- NAME  I. Matthew Andrew Morey  SEK  THIS BIRTH—SUNCIF, TWIN, TEMPLY, ETC.  I. Matthew Andrew Morey  SEK  THIS BIRTH—SUNCIF, TWIN, TEMPLY, ETC.  I. Male  44. Single  CITY, TOWN, OR LOCATION OF BIRTH  IMPLIED THE STREET AND NUMBER)  SECURITY YES OR MOI  MOTHER—MARGEN NAME  FIRST  MODULE  LAST  MOCHACKIT  STATE OF BIRTH (IF MOT IN U.S.A., MAME COUNTRY)  MOTHER—MARGE  TO NEDT ASSET THE MOTH IN JUST AND STATE OF BIRTH (IF MOT IN U.S.A., MAME COUNTRY)  MOTHER—NAME  FATHER—NAME  RESIDENCE—STATE  COUNTY  CITY, TOWN, OR LOCATION  INSIDE CITY LIMITS							*
CHILD- NAME    Matthew   Andrew   Morey   18.			CERTIFICA	TE OF LIV			
I. Matthew Andrew Morey  I. Matthew Andrew Morey  I. Male  I. Male  I. Male  I. Male  I. Male  I. Single  I. Male  I. Male  I. Male  I. Male  I. Male  I. Single  I. Male  I.		12013	MODIE	LAST	DATE OF BIRTH IMO	MTH, DAY, YEAR I	HOUR
SEX THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC.  IT MIS BIRTH—SINGLE, TWIN, TRIPLET, ETC.  INSIDE CITY LIMITS  INSIDE	CHILD- NAME	,,,,,,	2	**			2 1 2 38 PM
THIS BERTH— SINGLE, TWIN, TREPET, ETC.  I MAIO MICHEL MAN SINGLE DEPTH STATE OF BERTH STATE OF STATE OF BERTH STATE OF STATE OF BERTH STATE O		Matthew	Andrew	Morey		COUNTY OF WAIN	1
INSIDE CITY, TOWN, OR LOCATION OF BIRTH  INSIDE CITY LIMITS  Sh. Lincoln  MOTHER—MAIDEN NAME  FIRST  MIDDLE  LAST  MORGE (AT TIME OF BIRTH (IF HOT IN U.S.A., NAME COUNTRY)  MOTHER—MAIDEN NAME  FIRST  MIDDLE  LAST  MORGE (AT TIME OF BIRTH (IF HOT IN U.S.A., NAME COUNTRY)  MILES BIRTH  MIDDLE  LAST  MIDDLE  LAST  MORGE (AT TIME OF BIRTH (IF HOT IN U.S.A., NAME COUNTRY)  MINSIDE CITY LIMITS  STREET AND NUMBER  MINSIDE CITY LIMITS  STREET AND NUMBER  MINSIDE CITY LIMITS  STREET AND NUMBER  MINSIDE CITY LIMITS  M	SEX	THIS BIRTH - SINGLE, TWIL	N, TRIPLET, ETC.	THIRD, ETC. ( SPECIFY)	1 BORN FIRST, SECOND.		
INSIDE CITY LIMITS SA. Lincoln  SATE OF BIRTH (IF HOT IN U.S.A., HAME COUNTRY)  THIS BIRTH  SATE NAME  SATE OF BIRTH (IF HOT IN U.S.A., HAME COUNTRY)  THIS BIRTH  SAL LINCOLN  SAL LINCOLN  SAL SATE OF BIRTH (IF HOT IN U.S.A., HAME COUNTRY)  SAL LINCOLN  SAL SATE OF BIRTH (IF HOT IN U.S.A., HAME COUNTRY)  SAL LINCOLN  SAL SATE OF BIRTH (IF HOT IN U.S.A., HAME COUNTRY)  SAL LINCOLN  SAL SATE OF BIRTH (IF HOT IN U.S.A., HAME COUNTRY)  SAL LINCOLN  SAL SATE OF BIRTH (IF HOT IN U.S.A., HAME COUNTRY)  SAL SATE OF BIRTH (IF HOT IN U.S.A., HAME COUNTRY)  SAL SATE OF BIRTH (IF HOT IN U.S.A., HAME COUNTRY)  SAL SATE OF BIRTH (IF HOT IN U.S.A., HAME COUNTRY)  SAL SATE OF BIRTH (IF HOT IN U.S.A., HAME COUNTRY)  SAL SATE OF BIRTH (IF HOT IN U.S.A., HAME COUNTRY)  SAL SATE OF BIRTH (IF HOT IN U.S.A., HAME COUNTRY)  SAL SATE OF BIRTH (IF HOT IN U.S.A., HAME COUNTRY)  SAL SATE OF BIRTH (IF HOT IN U.S.A., HAME COUNTRY)  SAL SATE OF BIRTH (IF HOT IN U.S.A., HAME COUNTRY)  SAL SATE OF BIRTH (IF HOT IN U.S.A., HAME COUNTRY)  SAL SATE OF BIRTH (IF HOT IN U.S.A., HAME COUNTRY)  SAL SATE OF BIRTH (IF HOT IN U.S.A., HAME COUNTRY)	i mai a	Single		46.			
St. Lincoln  St. 1	J. PIELLE		INSIDE CITY LIMITS	HOSPITAL NAME	LIF NOT IN H	OSPITAL, GIVE STIEET AND NUMBER!	
MOTHER—MAIDEN NAME  FIRST  MIDDLE  MARE  MOTHER—MAIDEN NAME  MARE  MOTHER—MAIDEN NAME  MARE  MOTHER—MAIDEN NAME  MARE  MOTHER—MAIDEN NAME  MARE  MOTHER—MAIDEN  MARE  MOTHER  MARE  MARE			l Y	w Lincoln	eneral hospi	tal	
MOTHER—MADEN NAME  60. Shirley Mae McMackin INSIDE CITY LIMITS STREET AND NUMBER  RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS STREET AND NUMBER  70. Nebraska 70. Lancaster 71. Lincoln 68503 70. Yes 70. 2951 Holdrege  FATHER—NAME HAST MODLE LAST AGE LAT TIME OF BIRTH LIF HOT IN U.S.A., NAME COUNTRY)  80. Richard Albert Morey RELATION TO CHILD  10. SIGNATURE RELATION TO CHILD  10. SIGNATURE (TYPE OR PRIMT) WAS TOWN AND ON THE BATE DATE SIGNED (MONTH, DAY YEAR) (SPECIFY) (SECIETY)  100. Chester L. Norman M.D. Incoln, Nebraska  100. Lincoln, Nebraska  101. Lincoln, Nebraska  102. A. Lincoln, Nebraska  103. STREET AND NUMBER  104. Chester L. Norman M.D. Incoln, Nebraska  105. Lincoln, Nebraska  106. Lincoln, Nebraska  107. DATE RECEIVED BY LOCAL REGISTRAR					AGE LAT TIME OF	STATE OF BIRTH (IF HOT IN U.S.	A., NAME COUNTRY!
THE PROPERTY OF THE STREET AND NUMBER  RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION CITY CITY LIMITS STREET AND NUMBER  76. Nebraska 76. Lancaster 76. Lincoln 68503 76. 2951 Holdrege  76. Nebraska 76. Lancaster 76. Lincoln 68503 76. 2951 Holdrege  76. Nebraska 76. Lancaster 76. Lincoln 68503 76. 2951 Holdrege  76. Residence Final Times of This birth 10 This birt	MOTHER-MAIDEN NAME	FIRST	MIDDLE	Dis.		Tobas	
RESIDENCE—STATE COUNTY  CITY, TOWN, OR LOCATION  INSIDE CITY THIS STREET AND NUMBER  76. Nebraska  76. Lincoln  68503  76. Yes  77. Lincoln  68503  76. Yes  77. Lincoln  68503  76. Yes  77. Lincoln  68503  77. Lincoln  68503  78. Yes  78. State of birth (if hot in u.s.a., name country)  78. Morey  88. Springfield  78. Shirley Morey  88. Springfield  78. Mother  89. Mother  90. Mars above maneously was born move at the place and on the date  108. Signature  108. Incoln  108. Lincoln  108. Lincoln  108. Lincoln  109. Lincoln  109. Date received by Local registers  109. Date received by Local registers  109. Date received by Local registers	900	Shirley 1	Mae Mo	Mackin			ISKA
76. Nebraska 76. Lancaster 76. Lincoln 68503 74. Yes 76. 2951 Holdrege  FATHER—NAME HAST MIDDLE LAST AGE (AT TIME OF BIRTH (IF HOT IN U.S.A., NAME COUNTRY)  180. Richard Albert Morey 180. 28 8. Springfield Mass.  181. Mrs. Shirley Morey 180. Mrs. Shirley Morey 180. Mother 180. Maring above Maring Address 180. Lincoln. Washing Address 180. Date Received by Local Registrar  180. Chester L. Norman M.D. 180. Lincoln. Washing Address 180. Date Received by Local Registrar				LOCATION	INSIDE CITY LIMITS	STREET AND NUMBER	
FATHER—NAME  RELATION TO CHILD  STATE OF BIRTH FIF HOT IN U.S.A., NAME COUNTRY)  BB.  RICHARD  ADDREY  BB.  RELATION TO CHILD  STATE OF BIRTH FIF HOT IN U.S.A., NAME COUNTRY)  BB.  RELATION TO CHILD  STATE OF BIRTH FIF HOT IN U.S.A., NAME COUNTRY)  BB.  RELATION TO CHILD  STATE OF BIRTH FIF HOT IN U.S.A., NAME COUNTRY)  BB.  STATE OF BIRTH FIF HOT IN U.S.A., NAME COUNTRY  BB.  STATE OF BIRTH FIF HOT IN U.S.A., NAME COUNTRY  BB.  STATE OF BIRTH FIF HOT IN U.S.A., NAME COUNTRY  BB.  STATE OF BIRTH FIF HOT IN U.S.A., NAME COUNTRY	RESIDENCE	1 5550		48503	w Vos	2951 Holdres	re
Bo.  Richard Albert Morey  Bo.  Richard Albert Morey  INFORMANT—NAME OR SIGNATURE  Bo.  Mrs.  Shirlay Morey  CERTIFY THAT THE ABOVE MANEDUCINLO WAS DOWN ANTE AT THE PLACE AND ON THE DATE  STATED ABOVE.  STATED ABOVE.  CERTIFY THAT THE ABOVE MANEDUCINLO WAS DOWN ANTE AT THE PLACE AND ON THE DATE  STATED ABOVE.  STATED ABOVE.  CERTIFIER—NAME  (TYPE OR PRINT)  CONTRAIN M.D.  Lincoli., Washyaska  DATE RECEIVED BY LOCAL REGISTRAR	10. Nebraska	m. Lancaster					A., NAME COUNTRY
INFORMANT - NAME OR SIGNATURE  90.  CERTIFF THAT THE ABOVE MARRIED CHILD WAS BORN ALIVE AT THE PLACE AND THE DATE  STATED ABOVE.  100.  CERTIFF THAT THE ABOVE MARRIED CHILD WAS BORN ALIVE AT THE PLACE AND THE DATE  (TYPE OR PRINT)  MARRING ADDRESS  (STREET OR R.F.D. NO., CITY OR TOWN, STATE, 21F)  CERTIFFER - NAME  (TYPE OR PRINT)  CHILD  MARRING ADDRESS  (STREET OR R.F.D. NO., CITY OR TOWN, STATE, 21F)  DATE RECEIVED BY LOCAL REGISTRAR	FATHER-NAME	FIEST	WIDDLE	U.S.	THIS BIRTH!		
INFORMANT—NAME OR SIGNATURE  90.  (CERTIFY THAT THE ABOVE MANESTEINED WAS LOSS MATTER AT THE FIRE AND ON THE DATE SIGNED (MONTH, DAY YEAR)  (STREED ABOVE.  100.  (STREET OR R.F.D. NO., CITY OR TOWN, STATE, 21F)  (TYPE OR PRINT)		Richard A	lbart !	Morey	a 28	E Springfield	Mass.
T. CERTIFY THAT THE ABOVE MANEDUCKID WAS DONE AFTER A DO THE AND ON THE DATE DATE SIGNED (MONTH, DAY YEAR)  100. SIGNATURE  (TYPE OR PRINT)	INCORMANT NAME OF		1 11			RELATION TO CHILD	
T CERTIFY THAT THE ABOVE MANED CHILD WAS BORN MIVE AT THE PLACE AND ON THE DATE STATED ABOVE.  100. SIGNATURE  CERTIFIER—NAME  (TYPE OR PRINT)  CHOSTER L. NOTMAN M.D.  100. Lincoln. Washyaska  DATE RECEIVED BY LOCAL REGISTRAR	INFORMAT - TANKE OF		1 de March	*		m. Mother	
CERTIFIER — NAME  Chester L. Norman M.D.  CERTIFIER — NAME  Chester L. Norman M.D.  Chester L. Norman M.D.  Control of the con	90.	/Mrs. Shir.	TRY TIPLY	ON THE DATE IDATE SI	GNED (MONTH, DAY, YE		O., OMER
The Standing Address (Street on Paint)  ARRING ADDRESS (STREET ON E.T. D. C. LINCOLT. NETTYPESICAL PROJECTION OF LOCAL REGISTRAN	I CERTIFY THAT THE ABOVE HA STATED ABOVE.	MEDICATION WAS ALVE AT		1 1	1-16.76	Inc. M.D.	
CERTIFIER NAME  Chester L. Norman M.D.  Lincoln, Nghyhaka  DATE RECEIVED BY LOCAL REGISTRAR	10g. SIGNATURE	11634		MARIN	ADDRESS (	STREET OR R.F.D. NO., CITY OR TOWN,	STATE, ZIP )
DATE RECEIVED BY LOCAL REGISTRAR	CERTIFIER NAME	(TYPE OR PIR	MT) V				
	104	Chester L. No	rman M.D.	100.	Lincoln, Nehr	PASICE	EGISTRAR
10 Marie Marie Marie 10 Marie	REGISTRAR - SIGNATURE	PAMED O	0. 0			11h OCT PAY .3 1	<b>476</b>

# CONTROL COMMISSION NEBRASKA LIQUOR

**DEC 1 8 5015** 

RECEIVED

# STATE OF NEBRASKA-DEPARTMENT OF HEALTH

Bureau of	Vital Statistics	Гı:
CEDTIFICATE	OF LIVE BIRTH	

PE. OR PRINT IN			CERTIFICA	CIT OL FIAL P	2117111		
ERMANENT INK	CHILD- NAME	FARST	MIDDLE	LAST	DATE OF MITH IM	HIN, BAY, VEAR )	HOUR
	ı	Theresa	Kristine	Triesen	120		B 8:11 P,
	SEX	THIS BIRTH SINGLE, TWILL	N, TRIPLET, ETC.	IF NOT SINGLE BIRTH-BO THIRD, ETC. (SPECIFY)	IEN FIRST, SECOND,	COUNTY OF BIRTH	
CHILD	1 Female	4. Single		•		h. Lancaster	
	CITY, TOWN, OR LOCATION	OF BIRTH	INSIDE CITY LIMITS	HOSPITAL-NAME		OSPITAL, GIVE STREET AND HUMBS	
	a Lincoln		s. yes	u. Bryan Mem	orial Hosp	ital	
1	MOTHER-MAIDEN NAME	PARST	MIDDLE	LAST	AGE (AT TIME OF	STATE OF BIRTH ( IF HOT III	U.S.A., NAME COUNTRY)
	da.	Kathrya	Am	Bennett	и. 30	4. Nebraska	
MOTHER	RESIDENCE STATE	COUNTY	CITY, TOWN, OR	LOCATION, zip code	INSIDE CITY LIMITS	STREET AND NUMBER	
	n. Nabr.	n Lancaster	1. Linco	la 68522	76. Yes	<sub>h.</sub> 1601 S	W. 16th
	FATHER-NAME	PARST	MODLE	LAST	AGE (AT TIME OF THIS SIETH)	STATE OF BIRTH IIF NOT IS	U.S.A., HAME COUNTRY)
FATHER	Ba.	Towny	Richard	Friesen	n. 30	k. Sebraska	
-	INFORMANT - NAME OR S	IGNATURE		·		RELATION TO CHILD	
	94.	Kathryn	Ann Friese	148		n. Hoth	Committee of the Commit
	I CERTIFY THAT THE ABOVE HAM STATED ABOVE.	ED CHILD WAS BOOM ALIYS AT TO	E PLACE AND TIME AND	ON THE DATE DATE SIGNED		( SPECSEY )	D.O., OWER
	In SIGNATURE	Mode	mis &	10. Sept		1977 loc.	M.D.
CERTIFIER	CERTIFIER NAME	( TYPE OR PRIN		MAILING ADD	(17.70.E) (0.	STREET OR R.F.D. HO., CITY OR TO	N, STATE, ZIP )
	164.	K. T. McCinn	is M.D.	10e.	3145 "0" 5	treat	
1	REGISTRAR - SIGNATURE					DATE RECEIVED BY LOCA	REGISTRAR
1	114					116.	

Baby's Type andRh:

The original of the above certificate is required to be filed with the Bureau of Vital Statistics, State Department of Health, Lincoln, Nebraska 68508, as permanent depository.

A certified copy of the original birth certificate may be obtained by you upon application and the statutory fee of \$3.00 in cash or money order. Please supply the following identifying information: CHILD'S NAME, DATE OF BIRTH, PLACE OF BIRTH, FATHER'S NAME, MOTHER'S MAIDEN NAME, NAME OF ATTENDING PHYSICIAN.

Copies to serve all purposes must be certified by office authorization to file such records.

In the case of additions or corrections to be made, notify the Bureau of Vital Statistics within thirty days.

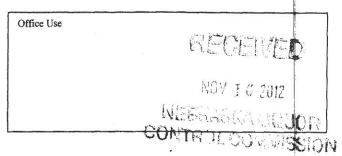
NOTE: Important information for your childs health on reverse side.

RECEIVED

DEC 1 2 2012 NEBRASKALIQUOR CONTROL COMMISSION

# APPLICATION FOR LIQUOR LICENSE LIMITED LIABILITY COMPANY (LLC) INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION 301 CENTENNIAL MALL SOUTH PO BOX 95046 LINCOLN, NE 68509-5046 PHONE: (402) 471-2571 FAX: (402) 471-2814 Website: www.lcc.ne.gov



All members including spouse(s), are required to adhere to the following requirements:  1) All members spouse(s) must be listed  2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)  3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)
Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)
Name of Registered Agent: Fre Drive Way, LLC Theresa Morey
Name of Limited Liability Company that will hold license as listed on the Articles of Organization
The Driveway, LLC #1016766
LLC Address: 2785 SD 17th
City: Lincoln State: NE Zip Code: 68502
LLC Phone Number:LLC Fax Number
Name of Managing/Contact Member Name and information of contact member must be listed on following page
Last Name: Morcy First Name: Theresa MI: K
Home Address: Nelle Garfield St. City: Lincoln
State: NF Zip Code: 18522 Home Phone Number: 402-4716-16303
TheresaMous
Signature of Managing/Contact Member
State of Nebraska / ACKNOWLEDGEMENT
County of The foregoing instrument was acknowledged before me this
Date by Heresa Marcy name of person acknowledge
Affix Scal  Affix

List names of all members and their spouses (even if a	a spousal affidavit has been submitt	ed)	
Last Name: Morey	First Name: Theresa	_MI:_K	
	Date of Birth:	i i	
Spouse Full Name (indicate N/A if single): Matth	new Andrew Morey,	Sr.	
Spouse Social Security Number.	Date of Birth	9	
Percentage of member ownership 40 %			
Last Name: Morey	First Name: Thathew	мі: А	
Social Security Number:		ì	
Spouse Full Name (indicate N/A if single): There			
Spouse Social Security Number:	3.0	•	
Percentage of member ownership 40%			
Last Name:	First Name:	MI:	2
Social Security Number:	Date of Birth:		
Spouse Full Name (indicate N/A if single):			
Spouse Social Security Number:	Date of Birth:		
Percentage of member ownership			
Last Name:	First Name:	_MI:	
Social Security Number:	Date of Birth:		
Spouse Full Name (indicate N/A if single):			
Spouse Social Security Number:	Date of Birth:		